

A Study on Determinants of Unmet Need for Family Planning Among Married Women in Urban Slum Area

Pravin N. Yerpude^{1*}, Keerti S. Jogdand¹, Mohini S. Jogdand²

¹Associate Professor, Department of Community Medicine, Gujarat Adani Institute of Medical Sciences, Bhuj, Gujarat, INDIA.

²Assistant Professor, Department of Community Medicine, SRTR Medical College & Hospital, Ambajogai, Maharashtra, INDIA.

*Corresponding Address:

drpravinverpude@gmail.com

Research Article

Abstract: Introduction: According to UN projections India's population will reach 1.53 billion by the year 2050, and will be the highest population in the world. . For limiting the number of children, the concept of unmet need will be very useful. But it is challenging also to motivate these women's to use the contraceptive methods. The present study was conducted to find out determinants of unmet need for family planning among married women in urban slum area of South India. **Materials and methods:** The present community based, cross-sectional study was carried out in urban slum area of dept of Community Medicine, Katuri Medical College, Guntur, Andhra Pradesh. From this area, all married women aged 15-49 years were selected for the study. **Results:** In the present study, total unmet need for contraception was found in 108(38.57%) women, in which need for spacing was present in 44 (15.71%) women and need for limiting birth in 64 (22.86%) women. Unmet need for spacing is highest (30.56%) among the women having no child or only one child. Common reasons for unmet need for family planning were husband's disapproval (28.70%), lack of awareness (22.22%) and fear of side effects (25.00%). **Conclusion:** Health education campaigns are necessary to increase awareness and counseling of eligible couples on small family norm is essential. Male participation and involvement of religious and community leaders are very important during planning of the family planning programme.

Keywords: Determinants, unmet need, family planning, married women

Introduction

At present India's population is second to that of China. According to UN projections India's population will reach 1.53 billion by the year 2050, and will be the highest population in the world ¹. This rise in population have effect on socio-economic development .It is lowering the quality of life, degrading our environment & putting a further strain on our already overloaded resources. The old idea regarding contraception is that it is prevention of conception .Newer concept of contraception is that a couple must be enabled to decide freely & responsibly the number & spacing of their children. Since the start of family planning programme in India in 1951, there are various changes in its services and approaches. Newer methods of contraception are

introduced. But use of contraceptive methods is not increasing as it required. Various social factors are responsible for this under utilization of contraceptives. So among millions of women there is unfelt need for use of contraception. The women who are sexually active and don't want child but not using any method of contraception are considered to have an unmet need for contraception ². The concept is usually applied to married women. For limiting the number of children, this concept will be very useful. But it is challenging also to motivate these women's to use the contraceptive methods. Throughout the world an estimated 150 million women's are having this unmet need ³. The common reasons for this are lack of knowledge, economical problem, fear of side effects, religious cause, uncooperative husband and limited supply and high cost. For evaluation of national family planning programs, unmet need can be valuable indicator because it shows how well they are achieving the key mission of meeting the population's felt need for family planning. NFHS- III (2005-06) survey find that the unmet need of family planning has declined from 15.8% in NFHS II to 13.2% in NFHS-III ⁴. Keeping in view the above points, the present study was conducted to find out determinants of unmet need for family planning in urban slum area of South India.

Materials and methods

The present community based, cross-sectional study was carried out in one urban slum area, Shrinivasrao thota, which was randomly selected from 3 urban slum areas, Guntur which are urban field practice areas of dept of Community Medicine, Katuri Medical College, Guntur, Andhra Pradesh. The study period was from April 2009 to November 2009. Ethical clearance was taken from the college ethical committee. From this selected area, all married women aged 15-49 years were selected for the study. Total number of study participants were 280. The word spacers used in the present study was

for the women who do not want children at least for 2 yrs and the word limiters used in the present study was for the women who do not want more children. They were interviewed through house to house survey after obtaining informed consent. Pre-designed, pre-tested and semi-structured questionnaire was used to collect the information. Data collected was analyzed using SPSS (Statistical Package for Social Scientists) version 10. For finding out statistical significance, Chi-square test was used.

Results

In the present study, total unmet need for contraception was found in 108(38.57%) women out of 280 study participants, in which need for spacing was present in 44 (15.71%) women & need for limiting birth in 64 (22.86%) women.

Table 1 shows the unmet need for contraception according to age of women. It is maximum in the age group 20-24 (37.96%) yrs. Unmet need was higher in age group below 30. After the age of 30, unmet need was found to decrease. In the age group 20-24 yrs proportion of limiters (25.00%) was higher compared to the spacers (12.96%).

Table 2 shows that unmet need for family planning is highest (54.47%) among the women having more than 2 children as compared to women having 2 or less than 2 children (26.11%). This association between unmet need of family planning and living children was found to be statistically significant.

Table 3 shows that the association between unmet need for family planning with various sociodemographic factors. It shows that it was significant for education but not significant for occupation and religion.

Table 4 shows that the common reasons for unmet need for family planning were husband's disapproval (28.70%), lack of awareness (22.22%) and fear of side effects (25.00%).

Discussion

In the present study, unmet need for family planning was found to be 38.57% which is more than national average, 13% as reported by NFHS-3. However Puri *et al.* in his study in Delhi found 49.8% women had unmet need for family planning⁵. The unmet need for spacing and limiting births in the present study was 15.71% and 22.86% respectively. However in a study conducted in urban slums of Kerala, the unmet need for spacing and limiting births was found to be 10.8% and 6.2% respectively⁶. In the present study it was found that the unmet need varied with age. It was highest below 30 yrs age group which might be due to insufficient knowledge about contraceptives and less opportunity to participate actively in decision making. Srivastava DK *et*

*al.*⁷ in his study from Madhya Pradesh also found similar results. Chandhick N in his study in rural India also found similar results⁸. There was significant association found between unmet need and number of living children. In our study, 54.47% women of unmet need group have more than 2 living children. In a study conducted by Ram R *et al.* in Calcutta, he found that 92% of women of unmet need group have more than 2 children⁹. Similar results were found in a study by Patil SS *et al.*¹⁰. In the present study, the association between education and unmet need for family planning was found to be significant. Saini NK *et al.* in his study in Delhi also found similar results¹¹. Patil SS *et al.*¹⁰ also found significant association between educational status of the married women and unmet need for family planning. However no significant association was found between occupation and unmet need for family planning. The common reasons for unmet need for family planning in the present study were husband's disapproval, lack of awareness and fear of side effects. In a study conducted by Patil SS *et al.*¹⁰ in a tribal block of Maharashtra, the most common reason for unmet need was fear of side effect followed by contraceptive method related reasons (lack of availability and awareness) and fertility related reasons (lactational amenorrhoea, desire for more children and infrequent sex). In another study conducted in rural South India by Rajaretnam T¹², the most common reason was sex preference.

Conclusion

The present study shows that the unmet need for family planning was quite high among the respondents. Husband's disapproval was the most common reason behind not using any contraceptive method. So health education campaigns are necessary to increase awareness and counseling of eligible couples on small family norm is essential. Male participation and involvement of religious and community leaders are very important during planning of the family planning programme.

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Table 1: Distribution of women according to unmet need for family planning by age group

Age(yrs)	Spacers	Limiters	Total
15-19	14(12.96%)	7(6.48%)	21(19.44%)
20-24	14(12.96%)	27(25.00%)	41(37.96%)
25-29	10(9.26%)	16(14.81%)	26(24.07%)
30-34	5(4.63%)	9(8.33%)	14(12.96%)
Above 35	1(0.93%)	5(4.63%)	6(5.56%)
Total	44(15.71%)	64(22.86%)	108(38.57%)

Table 2: Distribution of women with unmet need for family planning with no of living children

No of living children	With Unmet need No (%)	Without Unmet need No (%)	Total
≤ 2	41(26.11%)	116(73.89%)	157
> 2	67(54.47%)	56(45.53%)	123
Total	108	172	280
$\chi^2=22.22$, df=1, p < 0.0001			

Table 3: Distribution of women with unmet need for family planning with sociodemographic factors

Sociodemographic factors	With Unmet need No (%)	Without Unmet need No (%)	Total	Test of Significance
Education				$\chi^2=6.04$, df=1, p< 0.007
Illiterate	51(57.66%)	56(52.34%)	107	
Literate	57(32.95%)	116(67.05%)	173	
Occupation				$\chi^2=1.48$, df=1, p=0.11
Household work	82(40.80%)	119(59.20%)	201	
Productive work	26(32.91%)	53(67.09%)	79	
Religion				$\chi^2=1.04$, df=1, p=0.15
Hindu	77(36.84%)	132(63.16%)	209	
Muslim	31(43.66%)	40(56.34%)	71	

Table 4: Distribution of women according to reason for unmet need (Multiple responses)

Reason for unmet need	No (%)
Husband's disapproval	31(28.70%)
Lack of awareness	24(22.22%)
Fear of side effects	27(25.00%)
Against my religion	9(8.33%)
Lack of access	18(16.67%)
Inconvenient to use	16(14.81%)